

Original

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

In the United States District Court
For the Eastern District of New York

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT, E.D.N.Y.

JUN 02 2004

BROOKLYN OFFICE

LAWRENCE HAYES

NYSIS #: _____
(optional)

04 2342

[Enter above the full name of
the plaintiff(s) in this action.]

v.

NEW YORK STATE DIVISION OF PAROLE

PAROLE OFFICER, MS. LISA BROWN

PAROLE OFFICER, MR. BROWN

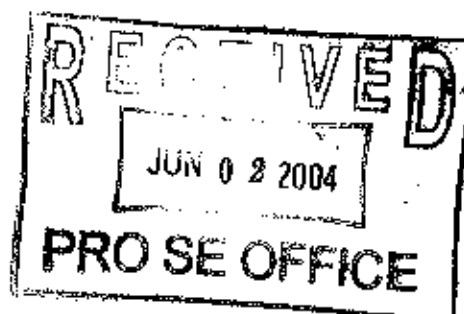
SR. PAROLE OFFICER, JANE DOE

PAROLE OFFICER, JOHN DOE

PAROLE OFFICER JANE DOE

ROSS, J.

BLOOM, M.J.



Kindly list all defendants to this lawsuit and the address at which each may be served. If you do not provide an address for a defendant, that defendant will not be served.

CHAIRMAN, NYS Board of Parole
97 Central Avenue
Albany, NY 12226

Defendant No. 1

Parole Officer Lisa Brown INDIVIDUALLY
340 Livingston Street
Brooklyn, NY

Defendant No. 2

P.O. Mr. Brown
340 Livingston Street
Brooklyn, NY

Defendant No. 3

Sr. Parole Officer, Jane Doe #1 INDIVIDUALLY
340 Livingston Street
Brooklyn, NY

Defendant No. 4

P.O. Jane Doe #2
340 Livingston Street
Brooklyn, NY

Defendant No. 5

P.O. John Doe #2
340 Livingston Street
Brooklyn, NY

Please attach additional 8 1/2 x 11 paper if necessary.

**FORM TO BE USED BY A PRISONER FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983**

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

Lawrence Hayes

Full name of plaintiff/prisoner ID#

Plaintiff,

TRIAL BY JURY DEMAND

YES X NO

-against-

NYS Division of Parole

P.O. Lisa Brown (MS)

P.O. Mr. Brown

S.P.O. Jane Doe; Mr. & Mrs. Jane Doe & Mr. John Doe

Enter full names of all defendants

Defendants.

I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (X)
- B. If your answer to A is yes, describe the lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs:

N/A

Defendants:

N/A

2. Court (if federal court, name the district; if state court, name the county)

N/A

3. Docket Number:

N/A

4. Name of Judge to whom case was assigned: N/A

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) N/A

6. Approximate date of filing lawsuit: N/A

7. Approximate date of disposition: N/A

II. Place of Present Confinement: Rikers Island (OBCC)

A. Is there a prisoner grievance procedure in this institution? Yes () No () N/A

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure? Yes () No () N/A

C. If you answer is YES;

1. What steps did you take? N/A

2. What was the result? _____

D. If you answer is NO, explain why not N/A

E. If there is no prison grievance procedure in the institution, did you complaint to prison authorities? Yes () No ☒

F. If you answer is YES,

1. What steps did you take? N/A

2. What was the result? N/A

III. Parties

(In item A below, place your name in the first blank and place our present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Lawrence Haynes #1410405885
 Address DBCC, 1600 HAZEN ST, EAST ELMHURST, NY 11370
 or 2525 Linden Blvd. #5B, Bklyn, NY 11208

(In item B below, place the full name of the defendants in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions, and places of employment of any additional defendants.)

B. Defendants *DENYS Div. of Parole is employed as NYS Parole Officers
 at 340 LIVINGSTON STREET

C. Additional Defendants (1) Ms. P.O. - Lisa Brown, (2) Mr. P.O. Brown, (3) Sr. P.O. - Jane Doe; P.O. Ms. Jane Doe #2; Mr. P.O. John Doe #2

*CHAIRMAN - NYS Board of Parole - 97 Central Avenue - ALBANY, NY 12226

IV. Statement of Claim

(State here, as briefly as possible, the facts of your case. Describe how each defendant is involved. Include also, the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach additional 8 1/2 x 11 sheets, if necessary.)

POINT #ONE: PAROLE HAD A DUTY TO OBTAIN MEDICAL OPINION

Plaintiff has been on Parole, NYS Division Of Parole, for the past approx. 13 years. In that time Plaintiff has not had any serious contact with the law or committed any criminal offenses. The original offense Plaintiff was convicted, sentenced and released to parole supervision in 1971, approx. 33 years ago.

1. On April 7th, 2004, several members of the NYS Division of parole did arrest and remove me from my home. At the time of the arrest I was under Doctor Supervision, under the influence of a strong codeine based, sedative, medication and, because of the manner I was being "handled, experiencing a greatdeal of pain."

HAE'S V. 'NYS DIVISION OF PAROLE

PG. 2, STATEMENT OF CLAIM, CONT. #1: PAROLE AUTHORITIES HAD A DUTY TO OBTAIN MEDICAL OPINION OR ADVICE.

2. That I was ~~ad~~ cuffed, behind my back and placed in the back seat of a car. That I explained my condition to the Parole Officers and complained, so much, that they offered me the option of (1) remaining with them - while they went from house to house, looking for other parole violators - or be dropped off at local Police Priecent. I selected being dropped off at the priecent, though I made it clear I needed medical attention. I ^{was} taken to what I believe to be the 79th Priecent in East New York, Brooklyn.

3. While in a holding cell, I began to experience repeated sharp pulsating pains, in my neck, head and back. The pain was so great that I was compelled to yell out. The police officer, I believe to be the duty officer, came to the back and inquired, I informed him of my medical condition (history) and current parole circumstance. He immediately called the parole authorities, instructed them to come get me out of their priecent and, further, instructed, recommended or suggested they take me to a hospital.

4. Parole authorities returned to the priecent, re-hand cuffed me and took me out to their car. While setting in the back seat the (I assume) Supervising Parole Officer, told the others, "I am not taking him to a hospital, we can take him to Riker's Island or... Where is Bush? (Referring to my Parole Officer). She was informed that he was downtown. She, the SPO, instructed Ms. Parole Officer Brown (Mr. P.O. Bush partner), to contact him and tell him to meet them at the Brooklyn Criminal Court Building, in Downtown Brookly.

HAYES V. NYS DIVISION OF PAROLE

PG. 3, STATEMENT OF CLAIM #1: PAROLE AUTHORITIES HAD A DUTY TO OBTAIN MEDICAL OPINION OR ADVICE.

5. From the present, I was taken to the Brooklyn Criminal Court Building, where Mr. Bush came to the area, gave the Violation Notice Papers to his partner, Ms. P.O. Lisa Brown. Who then gave them to me. I HAVE NOT SEEN OR BEEN ABLE TO RESUME MY MEDICAL TREATMENTS SINCE THAT DAY. I BELIEVE IT WAS A MATTER OF DUTY FOR THE PAROLE AUTHORITIES TO TAKE ME TO A HOSPITAL, HAVE ME CHECKED OUT AND TO OBTAIN A PROFESSIONAL MEDICAL OPINION AS TO WHETHER IT WAS SAFE FOR ME TO BE MOVED AROUND.

6. THE CAUSE OF MY MEDICAL CONDITION, ARE AS FOLLOWS:

ON FEBRUARY 7, 2004, I WAS IN A CAR ACCIDENT THAT RESULTED IN MY BECOMING DISABLED (SEE PLAINTIFF EXHIBITS #1-HEDRYCH, M.D., LETTER; #2 GUCCIONE, ESQ., LETTER; #3-COMPREHENSIVE INITIAL EVALUATION; AND #4-RADIOLOGY REPORT).

7. SINCE THAT TIME, I HAVE BEEN LOSING NERVE CONTROL IN MY LEFT EYE, EXPERIENCING PERIODS OF DIZZINESS AND PAIN. I HAVE NOT BEEN ABLE TO SLEEP A NIGHT'S SOUND SLEEP AND WORRY CONSTANTLY ABOUT THE LONG TERM EFFECTS OF MY MEDICAL CONDITION. I HAVE BROUGHT ALL THE FACTS TO THE ATTENTION OF MEDICAL PERSONNEL AT RIKER'S ISLAND, BUT HAVE NOT RECEIVED ANYTHING NEAR THE COMPREHENSIVE TREATMENT I WAS RECEIVING FROM MY DOCTOR.

HAYES V. NYS DIVISION OF PAROLE

PG. #4 _

POINT #2: I DID NOT, CONSIDERING MY PHYSICAL, MENTAL AND EMOTIONAL STATE (OVER ALL MEDICAL CONDITION) INTELLIGENTLY AND VOLUNTARILY WAIVE MY CONSTITUTIONAL DUE PROCESS RIGHTS AND ENTITLEMENT TO A PRELIMINARY HEARING.

WHILE BEING TRANSPORTED DOWNTOWN TO MEET UP WITH MR. P.O. BUSH, MS. P.O. BROWN, (P.O. BUSH'S PARTNER) SUGGESTED THAT I WAIVE MY PRELIMINARY PAROLE HEARING, SAYING "BECAUSE I HAD A LEGIT MEDICAL CONDITION AND EXCUSE, I WOULD BE IMMEDIATELY RELEASED."

"IT CAME DOWN TO WHETHER I WANTED TO WAIT SEVEN (7) DAYS (IF I SELECTED TO WAIVE MY PRELIMINARY HEARING) OR FOURTEEN DAYS (14) (IF I DECIDED TO HAVE MY PRELIMINARY HEARING). AT FIRST, I AGREED TO WAIVE MY PRELIMINARY HEARING (I WAS IN PAIN AND WANTED TO GET BACK TO TREATMENT AND MY LIFE, AS AS SOON AS POSSIBLE, I REMEMBER FEELING AND THINKING). HOWEVER, ANOTHER P.O. RIDING IN THE CAR, MR. P.O. BROWN, CONVINCED ME TO NOT WAIVE MY PRELIMINARY. THE LAST THING I REMEMBER, BEFORE BEING OVERCOME BY PAIN, WAS P.O. MR. BROWN, TELLING MS. P.O. BROWN, THAT "I HAD CHANGED MY MIND AND WANTED TO HAVE MY PRELIMINARY HEARING."

IT WAS NOT UNTIL I WAS ON RIKER'S ISLAND, THAT I BECAME CONSCIOUS OF THE FACT THAT MS. P.O. BROWN, DID NOT CHANGE THE PAPERS TO REFLECT THAT I WANTED TO HAVE MY CONSTITUTIONALLY GRANTED RIGHT TO HAVE A PRELIMINARY HEARING, (SEE PLAINTIFF EXHIBIT #7 VIOLATION OF RELEASE REPORT & EXHIBIT A-NOTICE OF VIOLATION).

I CONTACTED THE LEGAL AID SOCIETY PARAPROFESSIONAL AT RIKER'S ISLAND AND BROUGHT MY "WAIVER OF PRELIMINARY HEARING" ISSUE TO HER ATTENTION. SHE INSTRUCTED ME TO WAIT UNTIL MY FINAL HEARING, APRIL 19th, 2004, AND BRING IT TO THE ATTENTION OF THE ADMINISTRATIVE LAW JUDGE (ALJ). I BROUGHT THE ISSUE UP ON THE 19TH OF APRIL, THE 5TH OF MAY AND THE 12TH OF MAY, ALL THREE TIMES I WAS EITHER IGNORED OR TOLD IT WAS TOO LATE TO DO ANYTHING ABOUT IT.

HAYES V. NYS DIVISION OF PAROLE

PG. #5

R E L I E F

COMPENSATORY DAMAGES: TO BE DETERMINED ONCE COUNCIL HAS BEEN ASSIGNED AND ASSESSMENT OF DISABILITY INSURANCE, WORKMEN'S COMPENSATION AND OTHER INCOME ARE MADE. HOWEVER, THE CURRENT AMOUNT SHALL BE LISTED AS \$400,000.00.

PUNITIVE DAMAGES: PLAINTIFF IS SEEKING FIVE MILLION IN PUNITIVE DAMAGES, FROM THE NYS DIVISION OF PAROLE, BECAUSE IT IS RESPONSIBLE FOR THE TRAINING OF ITS EMPLOYEES, WHO IN THIS CASE SHOWED RECKLESS AND CALLOUS INDIFFERENCE, AND NEGLECT FOR PLAINTIFF'S MENTAL, PHYSICAL AND EMOTIONAL MEDICAL NEEDS AND CONDITION.

PLAINTIFF IS SEEKING \$100,000.00 (ONE HUNDRED THOUSAND) FROM EACH EMPLOYEE OF THE NYS DIVISION OF PAROLE, INDIVIDUALLY, FOR THEIR DISREGARD FOR PLAINTIFF'S MEDICAL NEEDS AND ANY PHYSICAL HARM THAT HAS RESULTED AS A RESULT OF SAID DISREGARD - AND FURTHERMORE, FOR THE MENTAL, EMOTIONAL, PHYSICAL AND SPIRITUAL PAIN AND SUFFERING PLAINTIFF HAS, DID, AND CONTINUE TO TO EXPERIENCE.

INJUNCTIVE RELIEF: PLAINTIFF IS SEEKING THE IMMEDIATE RESUMPTION OF PLAINTIFF'S MEDICAL TREATMENT, (SEE, PLAINTIFF'S EXHIBIT #3 (pg 3) - COMPREHENSIVE INITIAL EVALUATION 'PLAN'), UNDER THE DIRECTION AND SUPERVISION OF PLAINTIFF'S DOCTOR, GEDEON HEDRYCH, M.D., PARK AVENUE TRAUMA, 100 LIVINGSTON STREET, BROOKLYN, NY 11201. AND, THAT THE NYS OF PAROLE, BE MADE TO PAY ALL THE COST ASSOCIATED THEREWITH.

PLAINTIFF WISHES THE COURT TO KNOW THAT HE HAS NOT

HAYES V. NYS DIVISION OF PAROLE

PG. #6

R E L I E F: CONT.

BEEN RECEIVING ANY DIRECT TREATMENT FOR HIS KNOWN AND UNKNOWN INJURIES, THAT HE HAS BROUGHT HIS MEDICAL CONDITION AND REPORTS TO THE ATTENTION OF THE NYC DEPARTMENT OF CORRECTIONS, BUT HAS YET TO RECEIVE ANYWHERE NEAR THE TREATMENT HE WAS RECEIVING FROM HIS DOCTOR.

THAT, THOUGH, I AM NOT A DORTOC, I AM NOTICING SIGNS OF DETERIORATION IN NERVE AND MUSCLE CONTROL OF LEFT SIDE OF MY HEAD, NECK AND SHOULDER. INCLUDING, BUT NOT LIMITED TO: MY LEFT EYE NOT FULLY OPENNING, SHARP PAINS, LASTING FOR LONGER AND LONGER PERIODS, FROM MY NECK, DOWN TO MY SHOULDER (LEFT) , INCREASED PERIODS OF DIZZY SPELLS, AND HEADACHES. MY LEFT LEG BOTHERS ME CONSTANTLY. I SOME TIMES WALK WITH A LIMP AND AM CONSTANTLY WORRIED ABOUT MY HEALTH AND THE EFFECTS THIS LACK OF TREATMENT WILL HAVE ON ME IN THE LONG RUN - IF SOME KIND OF INTERVENTION IS NOT FORTHCOMING.

WHEREFORE, PLAINTIFF IS PLEADS WITH THIS HONORABLE COURT TO GRANT HIM A HEARING AND THE RELIEF SOUGHT, PER RULE 65(a) OF THE FEDERAL RULES OF CIVIL PROCEDURE.

HAYES V. NYS DIVISION OF PAROLE

PG. 7

CONCLUSION

WHEREFORE, PLAINTIFF PRAYS THAT THIS HONORABLE COURT GRANT PLAINTIFF THE RELIEF HEREIN SOUGHT, WHICH IS THE RIGHT TO HAVE THIS MATTER JUSTLY, FAIRLY AND HONESTLY ADJUDICATED, AND FOR SUCH OTHER AND FURTHER RELIEF AS THIS COURT MAY DEEM JUST, PROPER AND EQUITABLE.

RESPECTFULLY SUBMITTED,

Lawrence Hayes

LAWRENCE HAYES

1410405885

DEFENDANT PRO SE

1600 HAZEN STREET

EAST ELMHURST, NY 11370

Sworn to before me this

28th day of MAY 2004.

Michael Sinclair

NOTARY PUBLIC

MICHAEL SINCLAIR
Notary Public, State of New York
No. 01314953652
Qualified in Bronx County
Commission Expires Aug. 12, 2005

*Gideon Hedrych, M.D.
100 Livingston Street
Brooklyn, NY 11201*

April 28, 2004

To Whom It May Concern:

Mr. Lawrence Hayes was evaluated and treated by me on several occasions for injuries sustained in a motor-vehicle accident which occurred on 2/7/04. As a result, Mr. Hayes sustained injuries to his neck, back, left shoulder, and left knee. The injuries to his spine (including three herniated discs in the cervical spine) and to his left knee were quite severe and prevented him from returning to work and also disabled him from many of his activities of daily living. Due to these injuries, Mr. Hayes was also unable to attend several scheduled appointments at my office and, for the same reason, was unable to attend parole meetings, which were scheduled on 2/17/04 and on 3/2/04.

Please don't hesitate to contact me should any additional information be needed.

Sincerely,



Gideon Hedrych, M.D.
Trauma Specialist
Board Certified in
Emergency Medicine

GH:rc
40428

THOMAS GUCCIONE
Attorney at Law
16 COURT STREET, SUITE 1210
BROOKLYN, NEW YORK 11241
(718) 396-4184
FAX (718) 624-2763

April 12, 2004

To Whom It May Concern:

Please be advised that I am the attorney representing Lawrence Hayes, a passenger in the vehicle owned and operated by Babette Lemon, for the serious injuries he sustained in an automobile accident on February 7, 2004. Kindly direct all necessary correspondence to my attention at the address and phone number printed above.

Mr. Hayes was a back seat passenger on the driver's side of the car when the vehicle in which he was riding was struck on the driver's side rear door by a car that passed a steady red signal. He sustained serious injuries from this accident, including three herniated discs in his neck that have prevented him from returning to work from the date of the accident right up to the present time. A copy of the MRI report showing the serious neck injuries is attached. Mr. Hayes has been under the care of Park Avenue Trauma, a multi-care medical facility located at 100 Livingston Street, Brooklyn, New York 11201, from the date of the accident to the present. Also attached is a copy of his initial medical evaluation from that facility.

Because of these injuries, I have been informed by his doctors that Mr. Hayes is still totally disabled and unable to carry out his usual and customary daily activities right up to today. He has missed a number of scheduled appointments due to his inability to travel, and has only been able to leave his home to see his doctors for therapy, testing, and examinations.

If I can be of further assistance in any way, please call me.

Very truly yours,

Thomas Guccione

THOMAS GUCCIONE

GIDEON J. HEDRYCH, M.D.
Board Certified in Emergency Medicine
100 Livingston Street
Brooklyn, NY 11201

Date: 2/10/04

D/A: 2/7/04

Patient: HAYES, LAWRENCE

Age: 52 Sex: Male

COMPREHENSIVE INITIAL EVALUATION

History and Description of Incident: The patient was a rear-seat passenger in a car involved in a collision with another vehicle. As a result, he struck his head, injured his left shoulder and left knee and, in the process, jolted his neck and back. He did not seek immediate medical attention. Since then, despite taking repeated hot baths with Epsom salts, repeated hot showers, and Tylenol and Motrin, the patient's symptoms have persisted and, as a result, he has come to my attention in consultation and for treatment.

Current Chief Complaints: As a result of the injuries sustained in the accident of 2/7/04, this right-hand-dominant male patient currently complains of:

- 1) daily temporo-occipital headaches, severe at times; bouts of positional vertigo; blurred vision of left eye.
- 2) cervical pain and stiffness, frequently severe, with occasional "locking," left greater than right, with shooting pains radiating to left shoulder blade and down left arm, with numbness of left shoulder blade region and numbness and weakness of entire left arm.
- 3) low back pain and stiffness every day, severe nearly daily, left side greater than right, radiating to left buttock and down entire left leg, with numbness and weakness of left leg. Sitting 20-30 minutes, standing 40-45 minutes, or walking 2-3 blocks causes preemptive low back pain and left lower extremity radicular symptoms.
- 4) left shoulder pain on range of motion and exertions.
- 5) left knee pain on ambulation.
- 6) increased anxiety and nervousness; recurrent nightmares and obtrusive thoughts regarding the accident.

Review of Systems: Unremarkable for additional GI, GU, respiratory, endocrine or cardiac system symptoms.

Past Medical and Family History: In approximately 1968, sustained laceration of left wrist, which was sutured and became infected, requiring I&D, and healed without sequelae. In approximately 1992, sustained spontaneous collapsed lung, for which was hospitalized for approximately one week with insertion of chest tube, and symptoms predominantly resolved. No other significant traumatic, medical, or surgical history.

Allergies: PENICILLIN.

2/10/04 Exam

-2-

Re: HAYES, LAWRENCE

Personal History: Smoker (one pack of cigarettes per day); drinks alcohol occasionally; denies drug abuse.

PHYSICAL EXAMINATION:

Habitus and gait: Well-developed, well-nourished male ambulating with head and torso splinted with antalgic gait favoring left lower extremity, assuming supine position with marked difficulty.

Heel-walking: Not possible due to left lower extremity radicular pain.

Toe-walking: Not possible due to left lower extremity radicular pain and weakness.

Central Nervous System: Alert and oriented times three. Cranial nerves II-XII, cerebellar functions and plantar reflexes within normal limits.

Head: PERIL. EOMI; TMs, fundi benign.

Cervicodorsal spine: Range of motion (degrees): Pain on flexion greater than 25, extension greater than 5, lateral flexion to the right greater than 5-10 and to the left greater than 10, rotation to the right greater than 25-30 and to the left greater than 20-25. Palpation/Tone: Moderate to marked right and nearly marked left paravertebral muscle, trapezius muscle, and suprascapular muscle spasm from C3 to T4 on the right and from C3 to T5-6 on the left.

Dorsolumbar spine: Range of motion (degrees): Pain on flexion greater than 10-15, extension greater than 0, lateral flexion to the right greater than 5-10 and to the left greater than 5-10, rotation to the right greater than 10 and to the left greater than 5-10. Palpation/Tone: Nearly marked right and marked left paravertebral muscle and infrascapular muscle spasm from T10 to S1, with tenderness over left paravertebral muscle and at left lumbosacral junction.

Straight-leg-raising: Positive at 5 degrees on left.

Chest: Atraumatic.

Heart: Regular rate and rhythm.

Lungs: Clear to auscultation.

Abdomen: Atraumatic.

Left shoulder: Subacromial space tenderness, with pain on abduction greater than 90-95 degrees, on external rotation with minimal to moderate limitation, on internal rotation with moderate limitation, on forward flexion greater than 95 degrees, and on dorsiflexion with moderate to marked limitation. Markedly positive impingement sign.

Left knee: Anterolateral and anteromedial joint line and medial patellar facet tenderness and

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2/10/04 Exam

-3-

Re: HAYES, LAWRENCE

diffuse popliteal fossa tenderness, with pain on flexion greater than 85 degrees and on extension, with 0- to 5-degree extension deficit. Negative anterior drawer/posterior drawer/Lachman's/varus/valgus. Marked pain on bilateral rotational stress. McMurray's not possible due to low back pain and markedly positive Lasague's sign.

Neurologic: Sensory: Decreased sensation to light touch and pinprick over left C4/C5/C6 and over left L4/L5/S1 dermatomes. DTRs: Biceps: trace/+1 right, +1/+2 left. Triceps: +1/+2 right, trace/+1 left. Brachioradialis: +2/+3 right, +1/+2 left. Knee-jerk: +1/+2 bilaterally. Ankle-jerk: +1 right, +1/+2 left. Motor: Moderate to marked weakness of left hand grip, left wrist extensors, and left elbow flexors. Knees unreliable due to marked left knee pain on resisted movements. Moderate weakness of left ankle evertors. Moderate to marked weakness of left extensor hallucis longus muscle.

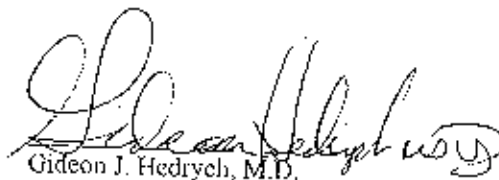
INITIAL DIAGNOSTIC IMPRESSIONS:

1. Blunt head trauma.
2. Cerebral concussion.
3. Post-concussion syndrome.
4. Cervicodorsal derangement with traumatic myofascitis.
5. Cervical radiculopathy with probable myelopathy.
6. Lumbosacral derangement with traumatic myofascitis.
7. Lumbar radiculopathy.
8. Left shoulder derangement with traumatic tendinitis.
9. Left knee derangement with probable torn meniscus.

These diagnoses are causally related to the injuries sustained on 2/7/04.

PLAN:

1. X-rays of the cervical, dorsal, and lumbosacral spine, left shoulder, and left knee.
2. Patient will probably require MRIs of the cervical and lumbosacral spine, left shoulder, and left knee and EMG/NCV studies of the upper and lower extremities, if symptoms persist.
3. Rehabilitation medicine consultation (Dr. Blonder) and neurology consultation (Dr. Geisse).
4. Prescriptions issued for Tylenol No. 3 (30/1) and Flexeril 10 mg (30/1).
5. Prescriptions issued for a cervical collar, a lumbar support, and a knee brace.
6. Follow-up appointment in two weeks.


Gideon J. Hedrych, M.D.

GH/ijrc
40211



EXCEL RADIOLOGY SERVICES, P.C.

RING JERICHO TURNPIKE, SUITE 214
COMMACK, NEW YORK 11725
631-664-4545

March 21, 2004

Re: Hayes, Lawrence
Date of Examination: 3/15/04
Date of Birth: 6/4/51
Referring Doctor: Dr. Hedrych

MAGNETIC RESONANCE IMAGING OF THE CERVICAL SPINE

PROCEDURE

MRI of the cervical spine was performed with sagittal T1 and T2 weighted sequences, as well as axial gradient echo images through the cervical disc spaces.

FINDINGS

Review of the preliminary coronal scout image reveals a cervical scoliosis. Sagittal images demonstrate straightening of the normal cervical lordosis.

Vertebral height is normal. Vertebral marrow signal is generally normal, with the exception of Modic type II endplate changes at C5-6 and C6-7.

There is disc space narrowing at C5-6 and C6-7. The remainder of the cervical disc spaces maintain normal height. Anterior vertebral spurring is also noted in the cervical region.

At C2-3, there is left posterior vertebral and uncovertebral spurring, which flattens the left ventral thecal sac and narrows the left neural foramen.

At C3-4, there is central herniation of the disc into the ventral spinal canal, which obliterates the ventral subarachnoid space and deforms the ventral cord surface, without overt cord impingement.

At C4-5 and C5-6, there are bulging annuli, accompanied by posterior vertebral spurs. These disc/osteophyte complexes obliterate the ventral subarachnoid space and flatten the spinal cord, without definite overt impingement. Bilateral uncovertebral spurs narrow the neural foramina bilaterally at both levels.

At C6-7, there is central herniation of the disc, associated with posterior vertebral spur formation. This disc/osteophyte complex impinges upon and deforms the ventral cord surface. Bilateral uncovertebral spurs encroach upon the neural foramina bilaterally.

At C7-T1, there is right paracentral herniation of the disc, which focally deforms the ventral thecal sac, especially on the right side. Hypertrophic facet joints and ligaments flava efface the dorsolateral subarachnoid space and significantly narrow the neural foramina bilaterally at this level.

Re: Hayes, Lawrence
MRI C-spine
Page Two

There is acquired central spinal stenosis in the cervical region secondary to the aforementioned pathology, with anteroposterior canal dimensions spanning from approximately 8 mm at C3-4, to approximately 9-10 mm in the remainder of the cervical region. There is foraminal narrowing at every level, with the exception of C3-4, as noted above.


The spinal cord is intrinsically normal in appearance. The cerebellar tonsils are normal in position.

IMPRESSION

1. Left posterior vertebral/uncovertebral spurring at C2-3, which results in:
 - a) mass effect on the left ventral thecal sac,
 - b) left foraminal narrowing.
2. Central disc herniations at C5-6 and C6-7, associated with posterior vertebral spurring at the latter level.
3. Annular bulges and vertebral spurring at C4-5 and C5-6.
4. Mass effect on the thecal sac and spinal cord at every level from C3-4 and C6-7, with overt cord impingement at C6-7.
5. Right paracentral disc herniation at C7-T1, which deforms the ventral thecal sac.
6. Acquired central spinal stenosis, C2-3 through C7-T1.
7. Bilateral uncovertebral spurring, C4-5 through C6-7, with bilateral foraminal encroachment.
8. Bilateral facet and ligamentous hypertrophy at C7-T1, with bilateral foraminal narrowing.
9. Cervical scoliosis and loss of the normal cervical lordosis, likely related to muscle spasm/pain.

Thank you for the courtesy of this referral.

Respectfully submitted,


Michele Rubin, M.D.
CAQ and Board Certified Neuroradiologist

PARK AVENUE TRAUMA ASSOCIATES
100 Livingston Street
Brooklyn, New York 11201

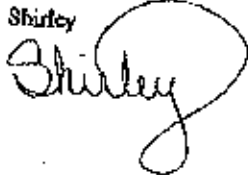
April 28, 2004

Re: Lawrence Hayes

To Whom It May Concern:

Please be advised that I am an employee of Park Avenue Trauma, and was given instructions by Dr. Hedrych, the director, to fax a letter of disability to the parole bureau chief, Mr. Marks, and parole officer, W. Bush, on behalf of our patient, Lawrence Hayes, at the fax number provided. I personally worked the machine and sent these faxes as requested, and received the machine's confirmation that the faxes were sent. I do not recall the exact date, but this occurred in March of 2004.

Shirley



GIDEON HEDRYCH, M.D.
PARK AVENUE TRAUMA ASSOCIATES
100 LIVINGSTON STREET
BROOKLYN, NY 11201
(718) 625-9911

NAME Lawrence Hayes DATE: 2/18/04

TO WHOM IT MAY CONCERN:

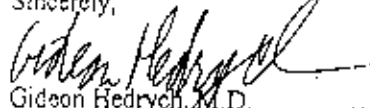
The above-named patient is under my care for the following disabling condition(s):

1. Cervico-dorsal derangement
2. Lumbo-sacral derangement
3. Left shoulder derangement
4. Left knee derangement
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

The patient will be unable to return to work until further notice and will be re-evaluated
in a follow-up examination 2 weeks.

Should you have any questions regarding this matter, please do not hesitate to contact me.

Sincerely,


Gideon Hedrych, M.D.
Trauma Specialist, Board Certified in Emergency Medicine

GIDEON HEDRYCH, M.D.
PARK AVENUE TRAUMA ASSOCIATES
100 LIVINGSTON STREET
BROOKLYN, NY 11201
(718) 625-9911

NAME: Lawrence Hayes DATE: 2.26.04

TO WHOM IT MAY CONCERN:

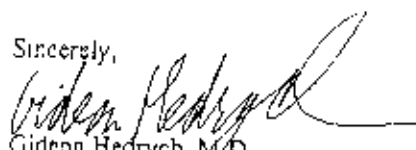
The above-named patient is under my care for the following disabling condition(s):

1. Coronary artery disease
2. Chronic obstructive pulmonary disease
3. High blood pressure
4. Diabetes
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

The patient will be unable to return to work until further notice and will be re-evaluated
in a follow-up examination 2 weeks.

Should you have any questions regarding this matter, please do not hesitate to contact me

Sincerely,



Gideon Hedrych, M.D.
Trauma Specialist, Board Certified in Emergency Medicine

1A

LAWRENCE HAYES
997 DeKalb Avenue #9-C
Brooklyn, New York 11208
(646) 645-6427
babbahayes2003@yahoo.com

EDUCATION

NEW YORK THEOLOGICAL STUDIES, New York, New York
Master of Professional Studies, 1990
BRONX COMMUNITY COLLEGE, Bronx, New York
Paralegal Studies, 1989
STATE UNIVERSITY OF NEW YORK REGENTS, Albany, New York
Requirements Pending – 1988

EXPERIENCE

NEW YORK CITY COUNCIL 31st District, New York, New York

Community Liaison, 2003 – 2004

Worked with community groups and individuals to resolve City government related problems and conflicts within the Far Rockaway community. Attended weekly meetings of Tenant and Civic groups to give up-dates on relevant legislation. Contacted government agencies to advocate constituent complaints. Helped constituents develop program proposals and find funding sources.

NO PEACE WITHOUT JUSTICE, New York, New York

Researcher/Strategy Consultant, 1995 – 2001

Research and consensus survey development regarding international criminal justice issues and the death penalty. Performed data collection and analysis for various issues of interest. Coordinate special events. Travel extensively for purposes of project promotion and advocacy. Maintain hard copy and data base files.

INNOCENCE PROJECT, New York, New York

Research Assistant, 2002 – Present

Open, examine and classify daily incoming correspondence. Create hard copy and computerized data files for daily correspondence. Respond to daily correspondence. Maintain extensive and detailed communications data base files.

NEW YORK THEOLOGICAL SEMINARY, New York, New York

Teacher, 1998 – 2000

Taught post-graduate certificate courses in World Religions and Contemporary Theology. Developed course outlines and contents. Taught research techniques and requirements. Graded daily reaction papers and mid-term and final exams.

CERTIFICATES AND SKILLS

WEST PUBLISHING COMPANY, New York, New York

- History of American Jurisprudence
- Legal Research and Writing
- Proficient in Word, WordPerfect, PowerPoint, Access and Amicus Attorney.

REFERENCE: Provided upon request.



April 30, 2004

New York Parole Revocation Unit
Rikers Island
Elmhurst, NY

To Whom it May Concern:

We are independent filmmakers based in New York City. We are writing about Lawrence Hayes. He is one of the main characters in our documentary film, *Deadline*, which will be screened at several festivals and will be broadcast on NBC this summer.

Lawrence and his story are featured prominently in the film. He is incredibly unusual in the way in which he found redemption in prison and is a wonderful speaker who inspires everyone he converses with.

Recently, we flew him to The 2004 Sundance Film Festival in Park City, Utah this past January and he and Former Illinois' Governor George Ryan spoke and inspired a large audience. We want to include Lawrence in many upcoming events we are having. His contribution to this film is truly immeasurable.

His accident was extremely physically traumatic for him and he is still recovering. We hope that speaking this summer and fall about the film will allow him some additional work while he heals in the way he needs to.

If you have any questions, feel free to give us a call. Thank you for your time.

Best,

A handwritten signature in black ink, appearing to read "Katy Chevigny".

Katy Chevigny
Co-Founder, Big Mouth Productions

A handwritten signature in black ink, appearing to read "Kirsten Johnson".

Kirsten Johnson
Filmmaker

A handwritten signature in black ink, appearing to read "Dallas Brennan".

Dallas Brennan
Producer, Big Mouth Productions

A handwritten signature in black ink, appearing to read "Angela Tucker".

Angela Tucker
Associate Producer

Big Mouth Productions, Inc. • 104 West 14th Street, 4th Floor • New York, New York 10011 USA
tel 646.230.6228 • fax 646.230.6388 • info@bigmouthproductions.com • www.bigmouthproductions.com

VIOLATION OF RELEASE REPORT

Warrant Issued _____

No Warrant Issued _____

Name: HAYES, LAWRENCE
NYSID NO: 3148635-L
Institution: FISHKILL C.F.
DIN NO: 72-H-0001
Date of Birth: 06-04-51
Offense: MURDER
Sentence: 20-0-0/LIFE

Date Released: 09-18-91
Max. Expiration: LIFE
Date of Warrant:
Warrant No.:
Date Enforced:
Location:
PVU No.:

Delinquency Date:

02-17-04

Since his/her release, the above named individual has violated the Conditions of Release in the following manner:

CHARGE #1:

LAWRENCE HAYES violated Rule #2 of the rules governing parole, in that on 02-17-04 and thereafter, subject failed to make his scheduled office report at Brooklyn V Area Office located at 340 Livingston Street, Brooklyn, NY, as instructed to do so by P.O. Bush on 02-05-04.

FORM 4003-1 (5/82)

STATE OF NEW YORK EXECUTIVE DEPARTMENT DIVISION OF PAROLE

Name: HAYES, LAWRENCE NYSID No: 3148835-L DIN No: 72-H-0001Case Summary

LAWRENCE HAYES is a 52 year-old male who is currently serving a life sentence for Murder. Subject was sentenced by Justice Bosch in Queens Supreme Court on 04-11-72.

INSTANT OFFENSE:

On 08-20-71 at approximately 10:50 PM at a Luncheonette location within the vicinity of 207-22 Hollis Avenue, Queens, NY, the subject attempted to conduct a robbery with Cornelius Butler, Joseph Whitfield and Rudolph Graham. At that time, a NYPD officer was fatally shot.

CRIMINAL HISTORY:

The subject's criminal history dates back to 1969. It includes arrest for possession of drugs, stolen property, grand larceny and unauthorized use of a motor vehicle.

PRIOR PAROLE HISTORY:

Subject has two prior violations of parole supervision. On 09-24-02, subject was declared delinquent and was thereafter revoked/restored to parole supervision.

CURRENT VIOLATIVE BEHAVIOR:

On 02-17-04 and thereafter, subject failed to make scheduled office reports at the Brooklyn V Area Office located at 340 Livingston Street, Brooklyn, NY. During scheduled office report day, P.O. Bush received no telephone calls or messages from the subject concerning his absence/inability to make his scheduled report.

ADJUSTMENT TO PAROLE SUPERVISION:

Subject's adjustment to parole supervision can be characterized as marginal. Subject has secured residency at 2525 Linden Blvd, Brooklyn, New York Apt. #5B. Subject had held several job positions including one as a guest speaker for the "Campaign to End the Death Penalty." More recently, subject was employed by the Tenant and Civic Association of Far Rockaway, Queens as a Community Liaison. Employment was verified through pay stub and employment verification letter from employer.

On 02-05-04, subject was instructed to make his next scheduled office report on 02-17-04. On that day and thereafter, subject failed to make any office reports. On 02-29-04, P.O. Bush met subject at his residence where subject was instructed to make his next office report on 03-02-04. On scheduled date and thereafter, subject failed to make any office reports and/or contact P.O. Bush/Brooklyn V Area Office.

Present StatusTime On Parole: Years 12 Months 4 Days 29Time Owed: Years LIFE Months _____ Days _____

On 03-11-04, SPO Cromer and P.O. Bush held a case conference, where subject was found in violation/delinquent of his parole supervision. Warrant #373246 was issued by SPO Cromer.



Parole Officer
W. BUSH

Date

Senior Parole Officer
B. CROMER

Date

WB:ly
T:03-23-04

CODEFENDANTS:

<u>Name</u>	<u>DIN/Ind. No.</u>	<u>Sentence</u>	<u>Parole Status</u>	<u>Facility</u>
Cornelius Butler	72-H-0002 3268466-J	Murder 20-0/Life	6/91 Bd.	Woodbourne C.F.
Joseph Whitfield	72-B-0134 3367296-J	Manslaughter 1* 0-0/15-0	Paroled - 4-23-75	
Rudolph Graham	Deceased			

P R I O R P A R O L E H I S T O R Y

----- none.

P R E V I O U S R E C O R D

<u>Arrested</u>	<u>Charges</u>	<u>Court</u>	<u>Disposition</u>
12-13-69	Grand Larceny, C.P.S.P., Unauth. Use M.V. PDD 6"	Kings Crim.	Dismissed

* continued.

The inmate has a juvenile history.

P E N D I N G L E G A L A C T I O N S

None known.

* 1/24/70	Robbery (Indict. #476/70) C.P.W. (Indict. 5219/70)	Kings Criminal Ct.	Bench Warrant Pending
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STATE OF NEW YORK
EXECUTIVE DEPARTMENT - DIVISION OF PAROLE
CERTIFICATE OF RELEASE TO PAROLE SUPERVISION

72 H 00

SENTENCE:

INDETERMINATE

XX

DEFINITE

NYSID NO. 314 8535 L

72 H 0001

Lawrence HAYESnow confined in Fishkill CFwho was convicted of Murderand sentenced in the county of Queens

at a term of the

SupremeCourt, Judge Boech

present

on the 26thday of Nov.

19

74

for the term of

20-0/Life

the maximum term of which sentence

expires on the XXXXXX day of L F E XXXXX XXXXXX has agreed to abide by the conditions to which (he) (she)has signed (his) (her) name here below, and is hereby granted ☐ Conditional Release ☒ Parole by the Board of Parole, by virtue of the authority conferred by New York State Law.

It is therefore directed that (he) (she) be released and placed under the legal jurisdiction of the Division of Parole until the XXXXXX day of L F E XXXXXXXXXXXXXXXX

Signed this 6thday of August

19

91 at BeaconDate of Release: 9/16/91

Board of Parole:

Area Supvr. AlertLawrence HAYES

I, Lawrence HAYES, voluntarily accept Parole supervision. I fully understand that my person, residence and property are subject to search and inspection. I understand that Parole supervision is defined by these Conditions of Release and all other conditions that may be imposed upon me by the Board or its representatives. I understand that my violation of these conditions may result in the revocation of my release.

CONDITIONS OF RELEASE

1. I will proceed directly to the area to which I have been released and, within twenty-four hours of my release, make my arrival report to that Office of the Division of Parole unless other instructions are designated on my release agreement. PO MOORE @ Brooklyn #1 at 340 Livingston St., Brooklyn 718-596-6060
2. I will make office and/or written reports as directed.
3. I will not leave the State of New York or any other State to which I am released or transferred, or any area defined in writing by my Parole Officer without permission.
4. I will permit my Parole Officer to visit me at my residence and/or place of employment and I will permit the search and inspection of my person, residence and property. I will discuss any proposed changes in my residence, employment or program status with my Parole Officer. I understand that I have an immediate and continuing duty to notify my Parole Officer of any changes in my residence, employment or program status when circumstances beyond my control make prior discussion impossible.
5. I will reply promptly, fully and truthfully to any inquiry of or communication by my Parole Officer or other representative of the Division of Parole.
6. I will notify my Parole Officer immediately any time I am in contact with or arrested by any law enforcement agency. I understand that I have a continuing duty to notify my Parole Officer of such contact or arrest.
7. I will not be in the company of or fraternize with any person I know to have a criminal record or whom I know to have been adjudicated a Youthful Offender except for accidental encounters in public places, work, school or in any other instance with the permission of my Parole Officer.
8. I will not behave in such manner as to violate the provisions of any law to which I am subject which provide for a penalty of imprisonment, nor will my behavior threaten the safety or well-being of myself or others.
9. I will not own, possess, or purchase any shotgun, rifle or firearm of any type without the written permission of my Parole Officer. I will not own, possess or purchase any deadly weapon as defined in the Penal Law or any dangerous knife, dirk, razor, stiletto, or imitation pistol. In addition, I will not own, possess or purchase any instrument readily capable of causing physical injury without a satisfactory explanation for ownership, possession or purchase.
10. In the event that I leave the jurisdiction of the State of New York, I hereby waive my right to resist extradition to the State of New York from any state in the Union and from any territory or country outside the United States. This waiver shall be in full force and effect until I am discharged from Parole or Conditional Release. I fully understand that I have the right under the Constitution of the United States and under law to contest an effort to extradite me from another state and return me to New York, and I freely and knowingly waive this right as a condition of my Parole or Conditional Release.
11. I will not use or possess any drug paraphernalia or use or possess any controlled substance without proper medical authorization.

I will seek, obtain and maintain employment.

I will submit to periodic drug testing.

13. I will fully comply with the instructions of Parole Officer and obey such special additional written conditions as he, a Member of the Board of Parole or an authorized representative of the Division of Parole, may impose.

I hereby certify that I have read and that I understand the foregoing conditions of my release and that I have received a copy of this Certificate of Release.

Signed this 10 day of Sept 19 91Released: Lawrence Hayes Witness: [Signature]

NOTICE OF VIOLATION

TO: Hayes, LawrenceINST# 72-14-0001WARRANT #: 373246NYSID# 31485352

You are charged with violating the conditions of your release in the manner specified on the attached violation of release report. A preliminary hearing on these charges has been scheduled on Preliminary Hearing Waived

Should you waive a preliminary hearing or should probable cause be found at this hearing that you have violated the conditions of your release in any important respect, a final hearing on these charges will be held on April 19, 2004 at 9:30 am
at Rikers Island Judicial Center

In the event that your return to the State of New York cannot be effected for the hearing as scheduled above due to circumstances beyond our control, you will be afforded a preliminary and final hearing at such time as you may become available for return on our warrant.

You have the right to a preliminary and final violation hearing. A preliminary hearing may be held to determine whether there is probable cause to believe that you violated one or more of the conditions of your release in an important respect. At this hearing, you are entitled to appear and speak on your own behalf; introduce letters and documents and present witnesses who can give relevant information; confront and cross-examine adverse witnesses. Proof of your conviction of a crime committed after your release shall constitute probable cause for the purpose of the preliminary hearing. You may be represented by counsel. It is your responsibility to obtain counsel. Your waiver of this preliminary hearing is equivalent to a finding of probable cause.

In the event that you are convicted of either a misdemeanor or a felony committed while under parole supervision and a preliminary hearing has not been completed, you will not be entitled to the preliminary hearing on the basis of the new conviction. Any preliminary hearing which may have been scheduled may therefore be cancelled upon your sentencing for such misdemeanor or felony.

Following your waiver of the preliminary hearing or a finding of probable cause, the Board of Parole will examine your case and may order that you be held for a final violation hearing.

At the final violation hearing, the presiding officer will determine whether there is a preponderance of evidence to support each of the allegations; you have a right to be represented by counsel and to speak on your own behalf; you have the right to introduce letters and documents, present witnesses who can give relevant information, and confront adverse witnesses against you; you also have the right to present mitigating evidence relevant to your restoration to parole.

In the event that you are convicted of a felony committed while under parole supervision and you receive a new indeterminate sentence, any final hearing which has been scheduled for you may be cancelled. In such instances, the Board of Parole may issue a final declaration of delinquency based upon that conviction and sentence.

In the event that the Board of Parole issues a final declaration of delinquency, you will be served with a copy of that determination, together with a copy of the commitment.

Should you be convicted of a crime committed after your release, it is the intention of the Division of Parole to introduce evidence of your conviction at the time of your hearing.

It is your responsibility prior to either hearing to advise parole staff at the facility where you are detained of the names of all witnesses you wish to produce. Witnesses must have proper identification in order to be admitted to the facility.

A request to adjourn either scheduled hearing should be made in the case of a preliminary hearing, at least three days, and in the case of a final hearing, at least seven days prior to the hearing, in writing, to the local area office. Requests for adjournments made at the hearing will only be granted in exceptional cases.

Violation of Release Report received

Signature Lawrence HayesDate 4/7/04

Date

All persons charged with a violation of parole are required to be present at all proceedings regarding that violation of parole which are authorized by the Board of Parole. Any voluntary failure on your part to be present at any of these proceedings may result in a finding that your failure to appear was a voluntary, knowing and intelligent waiver of your right to appear. Should such a finding be made, a hearing in absentia can be held and a final determination be made regarding the charges pending against you, including, if necessary, a time assessment because of the violation of parole.

☐ I do wish to have
a preliminary hearing.

☒ I do NOT wish to have
a preliminary hearing.

Date 4/7/04

Date

Date 4/7/04

Date

Signature of Releasee Lawrence Hayes

Signature of Releasee

Signature of Witness Lisa Brown - PO

If you cannot afford an attorney and wish to have counsel at your preliminary hearing, sign and detach this form. It is your responsibility to mail the form to the address shown on the form. If you request assigned counsel at your preliminary hearing, you must mail this form **IMMEDIATELY**.

TO: _____ RE: _____ Name _____

WARRANT #: _____

I am an alleged parole violator being held at _____

I am scheduled for a preliminary hearing to be held on _____ at _____ Time _____ at _____ Place _____

I have waived my preliminary hearing. A final hearing has been scheduled for _____ Date _____ at _____ Time _____ at _____ Place _____

I cannot afford an attorney and request that I be assigned counsel.

Releasee _____ Name _____

TO: NEW YORK CITY DEPARTMENT OF CORRECTIONS
FROM: PEOPLE'S ATTORNEY, INC.
RE: MISDEMEANOR OF PUBLIC ALCOHOLIC BEHAVIOR

EXHIBIT B

HEARING DATE: 04/15/2004
HEARING LOCATION: 33 JUDICIAL FLOOR

NAME: HAYES, LAWRENCE
DOB: 03/22/44
MILE: 01-0000000
N.Y.C. ID: 141-04-00000
PO: ALVIN, DEBORAH

OFFENSE DATE: 02/04/04

PLEASE NOTE THAT THE FOLLOWING MISDEMEANOR BEHAVIOR LISTED ABOVE
HAS RESULTED IN ONE OF THE FOLLOWING:

- (1) ☒ VIOLATION SUSPENDED HEARING COMPLETED
N.Y.C. ORIGINATOR: _____
BOARD REVIEWABLE: YES / NO (PLEASE CHECK)
(2) ☒ CASE REFERRED TO 575/04
CH. 30 DIV. 1000
(3) ☐ VIOLATION NOT RETURNED
CHARGES DISMISSED, GARRARD LIFTED.

NOTICE TO ATTORNEY OF ASSIGNMENT DATE:

☒ HAND DELIVERED ON _____
☐ MAILED ON _____

NOTICE TO PAROLEE OF ASSIGNMENT DATE:

☐ HAND DELIVERED ON _____
☐ MAILED ON _____

SIGNATURE:

J. Reed

TITLE:

P.P.S.

DATE:

11/9/04

EXHIBIT **B** **C**

TO: THE NEW YORK DEPARTMENT OF CORRECTIONS
 FROM: THE NEW YORK DEPARTMENT OF CORRECTIONS
 RE: RELEASE OF PRISONER SUBJECT TO LAW ENFORCEMENT

REPORTED DATE: 05/05/04
 REPORTED LOCATION: IN PRISON NEW YORK

NAME: MICHAEL ANTONIO
 DOB: 05/05/04
 RACE: 07 (WHITE)
 SEX: 1 (MALE)
 ETHNICITY: 01 (WHITE)

ON FILE DATE: 05/05/04

PLEASE TAKE NOTE THAT THE PRISONER'S STATUS IS CURRENTLY BEING REVIEWED AND WE
 WILL REPORT TO YOU THE RESULTS OF THE REVIEW.

1. VIOLENT CRIMES: 0 (NONE) / 0 (NONE)

2. SEXUAL CRIMES: 0 (NONE) / 0 (NONE)

3. DRUG CRIMES: 0 (NONE) / 0 (NONE)

4. CASE NUMBER: 05/05/04 / 05/05/04

5. VIOLENT CRIMES: 0 (NONE) / 0 (NONE)
 SEXUAL CRIMES: 0 (NONE) / 0 (NONE)

NOTICE TO ATTORNEY OF RECORDMENT DATE:

1. DATE DELIVERED ON: 05/05/04

2. DATE DELIVERED ON: 05/05/04

NOTICE TO ATTORNEY OF RECORDMENT DATE:

1. DATE DELIVERED ON: 05/05/04

2. DATE DELIVERED ON: 05/05/04

SIGNATURE: *Michael* TOTAL: 05/05/04

DATE: 05/05/04



BRION D. TRAVIS
CHAIRMAN

STATE OF NEW YORK
EXECUTIVE DEPARTMENT
DIVISION OF PAROLE

97 CENTRAL AVENUE
ALBANY, NEW YORK 12206

JOSEPH J. GAWLOSKI
EXECUTIVE DIRECTOR

EXHIBIT D

MEMORANDUM

TO: New York City Department of Corrections/ _____ County Jail

FROM: Parole Violation Unit, NYC/ _____ Area Office

RE: Results of Parole Revocation Hearing

1. NAME: (Parolee)	LAST	FIRST	M.	2. HEARING DATE:
HARRIS, KENNETH				5-12-04
3. NYSID #:	4. BOOK & CASE #/LOCAL ID #:		5. HEARING LOCATION:	
31485351	141-011-05885		RITC	

6. TYPE OF HEARING / OUTCOME:

☐ PRELIMINARY HEARING

☒ FINAL HEARING

☐ Probable Cause Found

☐ Violation Sustained;
Hearing Completed.

☐ Probable Cause Not Found;
Warrant Lifted.

☒ Case Adjourned to 6-16-04

☐ Case Adjourned to _____

☐ Violation Not Sustained;
Charges Dismissed;
Warrant Lifted.

NOTICE TO ATTORNEY OF ADJOURNMENT DATE

☒ Hand Delivered on 5-12-04

☐ Mailed on _____

NOTICE TO PAROLEE OF ADJOURNMENT DATE

☒ Hand Delivered on 5-12-04

☐ Mailed on _____

7. SIGNATURE:	8. TITLE:	9. DATE:
W. H. T.	PRS	5-12-04

DISTRIBUTION:

White Original: NYC Dept. of Corrections (W/PV) / _____ County Jail

Green Copy: Bluebacker

Canary Copy: Attorney

Pink Copy: Parolee

Gold Copy: NYC DOC - Operations Division/Sheriff's Office